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FACSIMILE TRANSMISSION

DATE: November 2, 2006

TO: EXAMINER ALVIN STEWART

FACSIMILE NO.: 571-273-8300

FROM: John G. Posa

PAGES TRANSMITTED (INCLUDING COVER SHEET): 8

ORIGINAL DOCUMENTS WILL / WILL NOT XX FOLLOW BY MAIL

RE: SN 10/767,194

MESSAGE:

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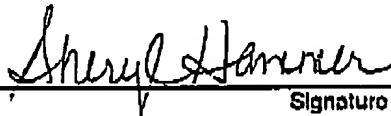
Application No. (if known): 10/767,194

Attorney Docket No.: BAF-16802/29

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on November 2, 2006
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Amendment in Response to Non-Final Office Action
Amendment Transmittal (1 page)

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AMENDMENT TRANSMITTAL LETTER				Docket No. BAF-16802/29	
Application No. 10/767,194-Conf. #5735	Filing Date January 29, 2004	Examiner A. J. Stewart	Art Unit 3738		
Applicant(s): Bret A. Ferree					
Invention: IN SITU ARTIFICIAL DISC REPLACEMENTS AND OTHER PROSTHETIC COMPONENTS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
18	- 21 =	0	x 25.00	0.00	
Independent Claims	2	- 3 =	0	x 100.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00					
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Dated: <u>November 2, 2006</u>					
John G. Posa Attorney/Agent Reg. No.: 37,424					
GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (734) 913-9300					

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Docket No.: BAF-16802/29 (PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Bret A. Ferree

Application No.: 10/767,194

Confirmation No.: 5735

Filed: January 29, 2004

Art Unit: 3738

For: In situ artificial disc replacements and other
prosthetic components

Examiner: A. J. Stewart

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated August 2, 2006, please amend the above-identified U.S. patent application as follows: